## DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN FORM 200-02 or Fiscal year beginni Your Social Security No. and ending \_

Spouse's Signature (If filing joint)

X Home Phone

Email Address

Spouse's Social Security No.							
COVER SOCIAL SECURITY NUMBERS							
First Name and Middle Initial	Jr., Sr., III., etc.						
On a control of Figure Manager	I . O. III						

·						
(Attach Label Here) DO NOT COVER SOCIAL SECURITY NUMBERS						
Your Last Name	First Name and Middle Initial	Jr., Sr., III., etc.				
Spouse's Last Name	Jr., Sr., III., etc.					
Present Home Address (Number and	Street) A	.pt. #				
City	State Z	ip Code				

DO NOT WRITE OR STAPLE IN THIS ARE

RE	Yo	ur Last Name	First Name and Middle Initial	Jr., Sr., III., etc.							
ATTACH LABEL HERE	Sp	ouse's Last Name	Spouse's First Name	Jr., Sr., III., etc.							
LABE	Procent Home Address (Number and Street)										
ACH	FIG	Present Home Address (Number and Street) Apt. #									
ATT,	Cit	ty	State Z	p Code							
			US (MUST CHECK ONE)		Check if FULL-Y	/FAR	If you v	were a part-	year resident in 2		dates you
	1.	Single, Divorced, Widow(er	r) 3. Married & Filing	Separate Forms	non-resident in 20			in Delaware			
	2.	Joint	5. Head of Househ	old	Form DE2210 Attached From			Month	2008 To	Mon	2008 th Day
	37.	DELAWARE ADJUSTED GRO	SS INCOME (Enter amount	from reverse side				37	Бау		00
	38. (a) If you elect the STANDARD DEDUCTION check here										
	Filing Statuses 1, 3 & 5 - \$3250 Filing Status 2 - \$6500						00				
	(b) If you elect to ITEMIZE DEDUCTIONS check here and enter amount from reverse side Line 36 b. 38								00		
	39.	39. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions) CHECK BOX(ES)									
		If SPOUSE was 65 or over	and/or Blind l	YOU were 65 o	r over and/c	or Blind		39			00
	40.							40			00
	41.	TAXABLE INCOME - Subtract Line 40 from Line 37, and Compute Tax on this Amount									00
	Proration Decimal Table/Schedule										
	-			ons, page 10)		ount					
		B Line 30 B	00 =   .		Х	0	0	42			00
RE	132	PERSONAL CREDITS (If Filin Enter number of exemptions			:110 -						
SHE	400	Multiply this amount by the			) and enter tot	al here	_ 	43a			00
STAPLE W-2 FORMS HERE	43b	CHECK BOX(ES) Spouse 6	0 or Over (if filing status 2)	Self 60 d	or Over						
-2 F(		Enter number of boxes checked on Line 43b X \$110. = Multiply this amount by the proration decimal on Line 42 (X ) and enter total here						43b			00
Е	44.	Tax imposed by State of(	· · · · · · · · · · · · · · · · · · ·	,		re					
IAPL		(Part-Year Residents Only. S	• • •				00	44			
S	45.	Other Non-Refundable Credits	(See instructions, page 11)		45		00	45			
	46.										00
	47.		ct Line 46 from Line 42. If Line 46 is greater than Line 42, enter "0" (Zero)								00
	49.	2008 Estimated Tax Paid & Pa			1.5		00				
	50.	S Corporation Payments (For	·		10		00	50			
		TOTAL REFUNDABLE CREDIT			- 00			51			00
	52.	If Line 47 is greater than Line	51, subtract 51 from 47 and	enter here	AM0	DUNT YOU	J OWE >	52			00
	53.	If Line 51 is greater than Line	47, subtract 47 from 51 and	enter here		OVERPA	YMENT >	53			00
	54.	CONTRIBUTIONS TO SPEC						•			
		A. Non-Game Wildlife		rgan Donations		00					
Щ		B. U.S. Olympics C. Emergency Housing		iabetes Educ. eteran's Home		00					
出		D. Children's Trust		E National Guard		00					
STAPLE CHECK HER		E. Breast Cancer Educ.	00 J. J	uv. Diabetes Fund	ı	00		TOTAL >	54		00
CH	55.	55. AMOUNT OF LINE 53 TO BE APPLIED TO 2009 ESTIMATED TAX ACCOUNTENTER >							55		00
APLE	56.	56. PENALTIES AND INTEREST DUE. If Line 52 is greater than \$400, see estimated tax instructionsENTER >							56		00
ST,	57.	NET BALANCE DUE. Enter th	e amount due (Line 52 plus L	ines 54 and 56) a	and pay in full		PAY I	IN FULL >	57		00
	58.	NET REFUND. Subtract Lines							58		00
		er penalties of perjury, I declare Signature	that I have examined this ret  Date	urn, including acc			tatements, Date	and believ	e it is true, co		plete.
	V	Orginature	Date	V							

Address

Business Phone

Email Address

Date

Business Phone

Zip Code

## 2008 DELAWARE NON-RESIDENT FORM 200-02, PAGE 2

SEC	TION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN	COLUMN 1	COLUMN 2	
1.	Wages, salaries, tips, etc	00	00	
2.	Interest	00	00	
3.	Dividends	00	00	
4.	State refunds, credits or offsets of state & local income taxes	00	00	
5.	Alimony received	00	00	
6.	Business income or (loss) (See instructions on Page 6)	00	00	
7a.	Capital gain or (loss)	00	00	
7b.	Other gains or (losses)	00	00	
8.	IRA distributions	00	00	
9.	Taxable pensions and annuities	00	00	
10.	Rents, royalties, partnerships, S corps, estates, trusts, etc	00	00	
11.	Farm income or (loss)	00	00	
12.	Unemployment compensation (insurance)	00	00	
13.	Taxable Social Security Benefits	00	00	
14.	Other income (state nature and source)14	00	00	
	Total income. Add Lines 1 through 14 15	00	00	
	Total Federal Adjustments (See instructions on Page 6)	00	00	
17.	Federal Adjusted Gross Income for Delaware purposes. Subtract Line 16 from 15	00	00	
SEC	TION B - DELAWARE MODIFICATIONS AND ADJUSTMENTS - ADDITIONS ( + )	COLUMN 1	COLUMN 2	
18.	Interest received on obligations of any state other than Delaware	00	00	
19.	Fiduciary adjustment, oil depletion	00	00	
20.	TOTAL - Add Lines 18 & 19	00	00	
21.	Add Lines 17 & 20	00	00	
SEC	TION C - DELAWARE MODIFICATIONS AND ADJUSTMENTS - SUBTRACTIONS ( - )	COLUMN 1	COLUMN 2	
22.	Interest received on U.S. Obligations	00	00	
23.	Pension/Retirement Exclusions (For a definition of eligible income, see instructions on Page 7) 23	00	00	
24.	Delaware State tax refund, Delaware Lottery	00	00	
25.	Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward	00	00	
26.	Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion 26	00	00	
	TOTAL - Add Lines 22 through 26	00	00	
28.	Subtract Line 27 from Line 21 and enter here	00	00	
	Exclusion for certain persons 60 and over or disabled (See instructions on Page 8) 29	00	00	
30A	Column 2. Subtract Line 29 from Line 28. This is your modified Delaware Source Income.  Enter on front side Line 42, Box A	304	00	
30B	. Column 1. Subtract Line 29 from Line 28. This is your Delaware Adjusted Gross Income.			
	Enter on front side Line 37 and Line 42, Box B	00		
	TION D - ITEMIZED DEDUCTIONS (ATTACH FEDERAL SCHEDULE A, FORM 1040)	COLUMN 1		
	Enter total Itemized Deductions (If Filing Status 3, see instructions on Page 8)	00		
	Enter Foreign Taxes Paid (See instructions on Page 8)	00		
	Enter Charitable Mileage Deduction (See instructions on Page 8)	00		
	TOTAL - Add Lines 31, 32, and 33	00		
	Enter State Income Tax included in Line 31 above (See Instructions on Page 8)	00		
	Enter Form 700 Tax Credit Adjustment (See instructions on Page 9)	00		
50.	Subtract Line 35a and 35b from Line 34. Enter here and on front, Line 38	00		
	SECTION E - DIRECT DEPOSIT INFORMATION If you would like your refund deposited directly			
	to your checking or savings account, complete boxes a, b and c below. See instructions for details.			
	a. Routing Number b. Type: Checking Savings	DATE OF DEATH		
	c. Account Number	SPOUSE	TAXPAYER	
	NOTE: If your refund is adjusted by \$10.00 or more, a paper check will be issued	Month Day Year	Month Day Year	
	and mailed to the address on your return.			

**NET BALANCE DUE (LINE 57):** 

## **NET REFUND (LINE 58):**

DELAWARE DIVISION OF REVENUE P.O. BOX 8752 WILMINGTON, DE 19899-8752 DELAWARE DIVISION OF REVENUE P.O. BOX 8772 WILMINGTON, DE 19899-8772

MAKE CHECK PAYABLE TO: DELAWARE DIVISION OF REVENUE
REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN
AND KEEP A COPY OF THE RETURN FOR YOUR RECORDS

## ZERO (LINE 58):

Delaware Source

Federal

DELAWARE DIVISION OF REVENUE P.O. BOX 8711 WILMINGTON, DE 19899-8711

